

CLAIMS ONLY							Application Number <b>10/697876</b>		Filing Date			
							Applicant(s) <b>/</b>					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			/				51					
2				/			52					
3				/			53					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			1				Total Indep					
Total Depend			7				Total Depend					
Total Claims			8				Total Claims					